

MEDICAL POWER OF ATTORNEY

Recitals

1. _____ (Youth Participant) is participating in a youth activity sponsored by the Calvary United Methodist Church of Annapolis, Maryland (the "Church").
2. During the Youth Activity the Youth Participant may need emergency medical care.
3. This Medical Power of Attorney is being executed by the parent(s) or guardian of the Youth Participant.

KNOW ALL MEN BY THESE PRESENTS, THAT I/WE, _____ of _____ County, Maryland being desirous of appointing an Attorney in Fact to Act for me/us and on our/my behalf in any and all matters relating to the emergency medical care of _____ (Youth Participant) during a Youth Activity of the Church, do hereby nominate, constitute and appoint Philip Cantrell or the designated Youth Leader of Calvary United Methodist Church, State of Maryland, my/our true and lawful Attorney in Fact to have full power in loco parentis in my/our absence or unavailability, during the time this Youth Participant is actively engaged in the Youth Activity, to authorize or withdraw any medical or dental treatment or diagnosis (including surgery) which he/she deems in the best interests of the health and welfare of my above-mentioned Youth Participant, to the same extent as I/we could if present.

By virtue of these presents, I/we hereby ratify and confirm whatsoever my/our attorney shall and may do pursuant to the powers and authority herein set forth; and the authority to act under this Medical Power of Attorney shall not be effected by any disability of the undersigned, but shall continue in full force and effect during such disability.

Signature of Parent or guardian

Date

Emergency Medical Information: (example: medications my child is on, previous surgeries, allergies, etc.)

Emergency contact information:
